



PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
A survey for healthier babies in New Jersey

Newborn Sleep Position and SIDS Risk in New Jersey, 2002

The American Academy of Pediatrics advises that putting infants down to sleep on their backs (*supine*) reduces the risk of Sudden Infant Death Syndrome (**SIDS**), the leading cause of infant mortality from one month to one year of age. Prior to 1992, over 70% of infants in the United States were placed to sleep prone. Since the **Back to Sleep** educational campaigns there has been a 54% decline in the rate of SIDS nationwide.

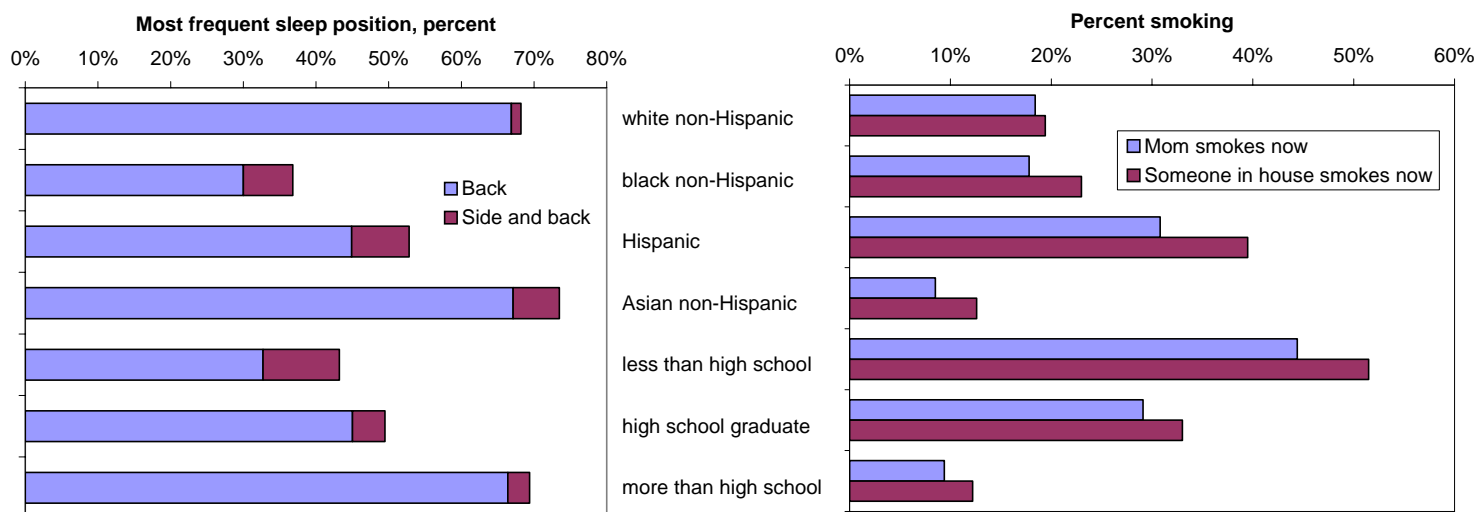
How well is the *Back to Sleep* message getting across to New Jersey mothers? According to the 2002 NJ-PRAMS survey, 54% of mothers of newborns statewide most often put their infants down on their backs. An additional 7% of mothers reported a mixture of sleep postures, including the back at least sometimes.

Adherence to *Back to Sleep* is not uniform: about two thirds of White and Asian mothers and also of college educated mothers used the back position predominantly—a much higher rate than other

NJ-PRAMS is a joint project of the New Jersey Department of Health and Senior Services and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. ▫ One out of every 33 mothers are surveyed each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. ▫ In 2002, 952 mothers were interviewed with a 72% response rate. The results reported here are based on preliminary data. (For more information about PRAMS operations, see Resources below.)

groups (see Figure 1). Black mothers used stomach and back sleeping postures about equally. Sleep posture was also related to mother's education. Another risk factor for SIDS, tobacco smoke

Figure 1



exposure, is also more prevalent in certain race/ethnicity groups and with lower education. All differences were statistically significant, and are comparable to reports from other states.

Agenda for Action

A large proportion of New Jersey's most socially advantaged mothers have absorbed the *Back to Sleep* message on how mothers should put their infants down to sleep with greatest safety. This message and information about other SIDS risk factors have not penetrated to other groups as thoroughly. Educational efforts are still needed, and should be transmitted in part through health care and social service providers who have frequent contacts with mothers of newborns:

- Parents are more responsive when they see supine sleep demonstrated in the hospital and when the advice is reinforced by their providers.
- The *Back to Sleep* message also addresses the infant's sleep environment. Avoid overheating, pillows, soft sleep surfaces such as quilts or sheepskins and loose bedding that might accidentally cover the infant's face.
- *Back to Sleep* should be the placement position of choice for sleep throughout the first year.
- The AAP notes that premature infants, at higher risk for SIDS, can be safely placed supine for sleep.
- Parents should inform **all** child care providers, including family members about Back to Sleep.

- Preventing tobacco smoke exposure is also important for SIDS risk reduction. Some studies have found that breastfeeding also reduces risk.
- Remind parents that infants placed supine are not at increased risk for aspiration.
- To help reduce the risk of flat spots on the occiput of supine sleepers, infants should have "tummy time" when awake and under supervision which also promotes motor milestones for head control.
- Some parents elect to bed share and must be sure not only to place the infant supine to sleep but also to prepare a safe environment. The sleep environment poses a risk if the adult is in an unnaturally depressed state of consciousness, if co-sleeping is on a sofa, if multiple family members including children are involved, if there is loose bedding, including heavy quilts and pillows, or if smoking occurs.

Resources for Additional Guidance

Sudden Infant Death Syndrome Center of New Jersey (SCNJ), a program of the New Jersey Department of Health and Senior Services based at the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School and Hackensack University Medical Center: 1-800-545-7437
<http://www2.umdnj.edu/sids/>

Back to Sleep Campaign. Infant sleep position and SIDS: Questions and answers for health care providers. NIH Pub. No. 02-7202. National Institute of Child Health and Human Development.
Telephone: at 1-800-505-CRIB
<http://www.nichd.nih.gov/sids/>

American Academy of Pediatrics Task Force on Infant Sleep Position and Sudden Infant Death Syndrome. Changing concepts of Sudden Infant Death Syndrome: Implications for infant sleeping environment and sleep position. *Pediatrics* 2000;105:65056.

Summary of Survey Methodology for New Jersey PRAMS. (*Contact NJ-PRAMS*)

Contact NJ-PRAMS

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